Date: 30/09/2016

Policy Number: 30468061201601
Customer ID: 0000365330

Dear MR. KAMALAKANNAN SANJEEVAN

FLAT D KAVYAKALA APARTMENT VARADHARAJA,
NEHRU NAGAR HASTHINAPURAM CHROMPET,
CHENNAI,
-,
TAMIL NADU-600044
Mobile: 09677050305

Thank you for choosing to renew your Max Bupa health insurance policy. At Max Bupa, we put your health first and are committed to provide you access to the very best of healthcare, backed by the highest standards of service.

Please find enclosed your Max Bupa Policy Kit which will help you understand your policy in detail and give you more information on how to access our services easily. Your Policy kit includes the following:

- **Insurance Certificate:** Confirming your specific policy details like date of commencement, persons covered and specific conditions related to your plan.
- **Premium Receipt:** Receipt issued for the premium paid by you.

Do visit us online at www.maxbupa.com to view and download our updated list of network hospitals in your city, download claim forms and for other useful information. You can register with us online using your policy number, date of birth & email id and access your policy details. In case of any further assistance, call us at 1800-3010-3333 (Toll Free) or email us at customercare@maxbupa.com .

I request you to read your policy terms and conditions highlighted in the Customer Information Sheet of this document so that you are fully aware of your policy benefits.

Assuring you of our best services and wishing you and your loved ones good health always.

Yours Sincerely,

Ashish Mehrotra
Managing Director and Chief Executive Officer
Important - please read this document and keep in a safe place.

Key Benefits of your policy are as follows

Particulars	Benefit Offering (on Annual Basis)
Hospitalization Expenses	Upto Sum Insured
All Day Care Procedures	Upto Sum Insured
Pre & Post Hospitalization Expenses	Pre Hospitalization upto 30 days Post Hospitalization upto 60 days
Maternity & New Born Baby Cover	As per your plan
Organ Donor	Upto Sum Insured
Health Check up	As per your plan
Loyalty Benefit	Bonus Points – 10% of last paid premium (excluding service tax) Or Enhanced Sum Insured – 10% of expiring base Sum Insured maximum upto 50% of the current base sum insured.
Domiciliary Hospitalization	Upto 5% of Sum Insured
Ambulance Cover	Upto Sum Insured in case of network hospitals Upto Rs. 2000 in case of non-network hospitals

The major exclusions of your policy are as follows

Particulars	Details
Initial waiting period	90 days (not applicable for renewal policies)
Pre Existing Disease *	48 months(Silver)/24 months(Gold and Platinum) since inception of first policy with us
Specific waiting period for insured above the age of 60 years	24 months since inception of first policy with us
Personal Waiting Period *	24 months since inception of first policy with us
Permanent Exclusions +	As mentioned in Policy Wording

+ Please refer to Customer Information Sheet to know more

* Please refer to Policy Certificate to know conditions (if any)

If you need any further details, you can reach out to us at customercare@maxbupa.com or call 1800-3010-3333 (Toll Free).

Corrigendum to Key Feature Document -Family First – Maternity: Kindly note that under Heartbeat Family First policy, Maternity Benefit are payable post a waiting period of 24 months from the policy issuance as per plan eligibility. The Condition of minimum 3 adults / one male member for payment of maternity claims as mentioned in the Key feature document (provided along with the proposal form) shall not apply and may be ignored."

Policyholder Servicing Turnaround Times as prescribed by Insurance Regulatory and Development Authority of India (IRDAI)

POLICY SERVICING

	Maximum turnaround time
Processing of Proposal and Communication of decisions	**30 Days**
Providing copy of the proposal	**30 days**
Post Policy issue service requests	**10 days**

CLAIM SERVICING

	Maximum turnaround time
Settlement of claim after receiving of complete documents	**30 Days**

GREIVANCE HANDLING

	Maximum turnaround time
Acknowledge a grievance	3 days
Resolve a grievance	14 days

MAX Bupa HEALTH INSURANCE

Insurance Certificate

MR. KAMALAKANNAN SANJEEVAN
FLAT D KAVYAKALA APARTMENT VARADHARAJA, NEHRU NAGAR HASTHINAPURAM CHROMPET, CHENNAI, -, TAMIL NADU-600044

Policy Number	30468061201601
Policy Commencement Date	From 16/10/2016 00:00 a.m.
Policy Expiry Date	To 15/10/2017 23:59 p.m.
Sum Insured (Rs.)	9,40,000
Loyalty Benefit	Increase in Sum Assured
Total Sum Insured	9,40,000
Heartbeat Individual	No
Heartbeat Family Floater	No
Heartbeat Family First	Yes
Plan opted for	Familyfirst Silver 1 Lac + 5 Lacs
Policy Period	1 Year
Renewal Due Date	15/10/2017

Original Policyholder Details at the Time of First Risk Inception

Original Policy Holder Name	Kamalakannan Sanjeevan
Original Policy Holder's address	Flat D Kavyakala Apartment Varadharaja, Nehru Nagar Hasthinapuram Chrompet, Chennai, -, Tamil Nadu -600044

Cover Details

Particulars	Details
Individual Sum Insured (Only in case of Family First)	110,000
Floater Sum Insured (Only in case of Family First)	5,00,000
Sum Insured	9,40,000
Sum Insured Enhanced (Loyalty Benefit)	40,000

Agent Details

Agent Name	Agent Code	Agent Contact No.	Agent Landline No.	Agent Address
NA	NA	NA	NA	NA

Premium Details

Net Premium (Rs.)	Service Tax (Rs.)	Education Cess (Rs.)	Secondary & Higher Education Cess (Rs.)	Swachh Bharat Cess (Rs.)	Krishi Kalyan Cess @ 0.5%	Gross Premium (Rs.)	Gross Premium (Rs.) (in words)
17,501.00	2,450.00	0.00	0.00	88.00	88.00	20,127.00	Twenty Thousand One Hundred Twenty Seven Only

Nominee Details

Nominee Name	Chithra Kamalakannan
Relationship	Spouse

Emergency Medical Evacuation (outside India) Applicable Region (Only for Platinum Policies)	No

Optional Benefit/Feature Details

Optional Benefit/Feature (only for Silver SI options of Individual and Family Floater Plans)	Effective [Y/N]
Deductible	N
Optional Benefit/Feature	Contribution of Max Bupa
Co-pay below 65 years	N

Permanent Exclusions (if any):

None

Servicing Branch Details:

Max Bupa Health Insurance Company Ltd,B-1/I-2, Mohan Cooperative Industrial Estate, Mathura Road, New Delhi-110044

Co-pay (applicable at 65 years and above)

Name of the Insured Person (s)	Max Bupa Contribution in 1st Policy Year	Max Bupa Contribution in 2nd Policy Year (applicable for 2 year policies only)
Mr. Kamalakannan Sanjeevan	100	NA
Mr. Chiranjeevi Kamalakannan	100	NA
Ms. Chithra Kamalakannan	100	NA
Ms. Rachana Kamalakannan	100	NA

Insured Details

Name of the Insured Person (s)	Age	Gender	Relationship with the Policy Holder	Insured with Max Bupa (Since)	AdditionalSum Insured	Pre Existing Condition#,##	Personal Waiting Period*
Mr. Kamalakannan Sanjeevan	41	Male	Applicant	16/10/2015	0	None	None
Mr. Chiranjeevi Kamalakannan	10	Male	Son	16/10/2015	0	None	None
Ms. Chithra Kamalakannan	34	Female	Spouse	16/10/2015	0	None	None
Ms. Rachana Kamalakannan	12	Female	Daughter	16/10/2015	0	None	None

(* - please refer clause 4.d of Part II of the schedule)
(# - Pre Existing Conditions as disclosed by the customer or discovered by us during medical underwriting)
(##-As per clause 4.a.(iii) of Part II of the Schedule "where the Policy is renewed for enhanced Sum Insured, waiting periods would start afresh for the amount of increase in Sum Insured.")

The stamp duty of Re.1 (Rupee one only) vide in challan no. F.10(16210)/ COS(HQ)/CD dated 16th October 2014 through e-stamp certificate No.IN-DL31147224239846M dated 10th November 2014.
Service Tax Registration No.: AAFCM7916HST001.

For and on behalf of Max Bupa Health Insurance Co. Ltd.

Location: New Delhi
Date: 30/09/2016

Ashish Mehrotra
Managing Director and Chief Executive Officer

MAX Bupa HEALTH INSURANCE

Premium Receipt

Dear MR. KAMALAKANNAN SANJEEVAN
FLAT D KAVYAKALA APARTMENT VARADHARAJA
NEHRU NAGAR HASTHINAPURAM CHROMPET
CHENNAI
-
TAMIL NADU-600044

We acknowledge the receipt of payment towards the premium of the following health insurance policy:

Policy Holder's Name	Mr. Kamalakannan Sanjeevan	Policy Number	30468061201601
Plan Opted for	FamilyFirst Silver 1 lac + 5 lacs	Sum Insured (Rs.)	9,40,000
Commencement Date#	16/10/2016	Expiry Date	15/10/2017
Net Premium (Rs.)		17,501.00	
Service Tax (Rs.)		2,450.00	
Education Cess (Rs.)		0.00	
Secondary & Higher Education Cess (Rs.)		0.00	
Swachh Bharat Cess (Rs.)		88.00	
Krishi Kalyan Cess @ 0.5%		88.00	
Gross Premium (Rs.)		20,127.00	

#Issuance of policy is subject to clearance of premium paid

Details of persons Insured:

Name of Person Insured	Age	Gender	Relationship to policy holder	Individual cover(Rs.) (only in case of Family First)
Mr. Kamalakannan Sanjeevan	41	Male	Applicant	110,000
Mr. Chiranjeevi Kamalakannan	10	Male	Son	110,000
Ms. Chithra Kamalakannan	34	Female	Spouse	110,000
Ms. Rachana Kamalakannan	12	Female	Daughter	110,000

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under section 80D, the benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter.

In the event of non-realization of premium, Tax benefits cannot be obtained against this premium receipt

For your eligibility and deductions please refer to provisions of Income Tax Act 1961 as modified and consult your tax consultant.

Service tax Registration number: AAFCM7916HST001

For and on behalf of Max Bupa Health Insurance Co. Ltd.

Location: New Delhi
Date: 30/09/2016

Ashish Mehrotra
Managing Director and Chief Executive Officer

Affix Stamp

Annexure II
List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, **AHMEDABAD-380 014.** Tel.:- 079-27545441, Fax :079- 27546142, Email bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman ,19/19,Jeevan Soudha Building , Ground Floor, 24th Main, JP Nagar First Phase, **Bengaluru–560025 .**Tel.: 080-26652049/26652048, Email:bimalokpal.bengaluru@gbic.co.in	State of Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, **BHOPAL(M.P.)-462 023.** Tel.:- 0755-2769201/9202, Fax : 0755-2769203, Email: bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chhattisgarh
BHUBNESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, **BHUBANESHWAR-751 009.** Tel.:- 0674-2596455, Fax :0674-2596003, Email bimalokpal.bhubaneswar@gbic.co.in	State of Odisha
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, **CHANDIGARH-160 017.** Tel.:- 0172-2706468/2772101, Fax : 0172-2708274, Email bimalokpal.chandigarh@gbic.coin	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathl ma Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI-600 018.** Tel.:- 044-24333668 /5284, Fax :044-24333664, Email bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf All Road, **NEW DELHI-110 002.** Tel.:- 011-23234057/23232037, Fax : 011-23230858, Email bimalokpal.delhi@gbic.co.in	State of Delhi
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road **GUWAHAT1-781 001 (ASSAM).** Tel.:- 0361-2132204/5, Fax : 0361-2732937, Email bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, Ist Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, **HYDERABAD-500 004.** Tel : 040-65504123/23312122, Fax: 040-23376599, Email bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam which is a part of Union Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, **Jaipur -302 005.** Tel.: 0141 - 2740363, Fax: 0141 - Email: bimalokpal.jaipur@gbic.co.in	State of Rajasthan
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM-682 015.** Tel : 0484-2358759/2359338, Fax :0484-2359336, Email: bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe - a part of Union Territory of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, **Kolkatta - 700 072.** Tel: 033-22124339/22124346, Fax: 22124341, Email: bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, **LUCKNOW-226 001.** Tel :0522 -2231331/2231330, Fax :0522-2231310, Email bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh: Lalltpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Veranasi, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Falzabad, Amethl, Kaushambi, Balrampur, Basil, Arnbedkamagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), **MUMBAI-400 054**. Tel : 022-26106960/26106552, Email bimalokpal.mumbai@gbic.co.in	States of Goa. And Mumbal Metropolitan Region excluding Areas of Navi Mumbal & Thane
NOIDA	Insurance Ombudsman, Office of the Insurance ombudsman, bhagwan sahai palace, 4th floor, Main Road, Naya Bans, Sec 15 G.B. Nagar, **Noida - 201301.** Tel : 0120 - 2514250/2514252-53 Email : bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of State of Uttar Pradesh:- Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffamagar, Auraiya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Buddha Nagar, Ghaziabad, Kasganj, Hardoi, Shahjahanpur, Hapur, Shamll, Rampur, Sambhal, Amroha, Hathras, Kanshiram Nagar, Saharanpur
PATNA	Insurance Ombudsman, Office of the Insurance ombudsman, Kalpana Arcade Building, 1st Floor, Bazar Samiti Road, Bahadurpur, **Patna 800 006.** Tel No-0612-2680952 Email : bimalokpal.patna@gbic.co.in.	States of Bihar and Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, **Pune - 411 030.** Tel.: 020 - 32341320, Email - bimalokpal.pune@gbic.co.in	State of Maharashtra, Areas of Navi Mumbai and Thane but excluding Mumbal Metropolitan Region

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Smt. Ramma.Bhasin, Secretary General
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
MUMBAI - 400 021
Tel:022-26106889/6671
Fax : 022-26106949
Email- inscoun@gbic.co.in
Web: http://www.gbic.co.in/

Shri. Y. R. Raigar, The Secretary
3' Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz (W),
MUMBAI - 400 021.
Tel :022-26106980
Fax : 022-26106949

List of Unrecognized Hospital

S.No.	City	Hospital Name	S.No.	City	Hospital Name
1	Surat	Aakansha Hospital	34	Surat	Shubham General Hospital
2	Surat	Abhinav Hospital	35	Surat	Siddhi Clinic & Nursing Home
3	Surat	Adhar Ortho Hospital	36	Surat	Sparsh MultySpecality Hospital & Trauma Care Center
4	Surat	Aris Care Hospital	37	Surat	Sree Uday Narayan General Hospital
5	Surat	Arzoo Hospital	38	Surat	TripathiChartiable Hospital
6	Surat	Auc Hospital	39	Ahmedabad	Umiya Medical & Surgical Hospital
7	Surat	Dharamjivan General Hospital & Trauma Centre	40	Surat	Varachha General Hospital
8	Surat	Dr. Santosh Basotia Hospital	41	Kushi Nagar	Aastha Multispecialty Hospital
9	Surat	Ghevariya Dental Clinic	42	Thane	Ashwini Nursing Home
10	Surat	God Father Hospital	43	Thane	Asmita Nursing Home
11	Surat	Govind-PrabhaArogyaSankool	44	Thane	Balaji Nursing Home
12	Surat	Hari Milan Hospital	45	Rohtak	Channan Devi Memorial Hospital
13	Surat	JaldhiAno-Rectal Hospital	46	Hyderabad	Goodlife Hospitals
14	Surat	Jeevan Path Gen. Hospital	47	Dhenkanal	Jagannath Clinic & Nursing Home
15	Surat	Kalrav Children Hospital	48	Allahabad	Jeevan Jyoti Hospital
16	Surat	Kanchan General Surgical Hospital	49	Mayiladuthurai	Krishna Hospital
17	Surat	Krishnavati General Hospital	50	Mumbai	Mumtaz Nursing Home
18	Surat	Mantra Orthopaedic Hospital Gandhidham (Kutch)	51	Kesava Nagar	Colony Padmaja Hospital
19	Surat	Metas Adventist Hospital	52	Harnaut	Pragya Nurshing Home
20	Surat	NiramayamHosptial&Prasutigruah	53	Jeedimetla	Ram Hospitals
21	Surat	Patna Hospital	54	Gurgaon	Ramanarayan Hospital
22	Surat	Poshia Children Hospital	55	Mumbai	Royal Nursing Home
23	Surat	Prayosha Hospital	56	Cuttak	Sabarmati General Hospital
24	Surat	R.D Janseva Hospital	57	Meerut	Sahara Hospital
25	Surat	Radha Hospital & Maternity Home	58	Mumbai	Sb Nursing Home
26	Surat	Santosh Hospital	59	Meerut	Shagun Hospital
27	Surat	Shaurya Hospital	60	Gurgaon	Shri Balaji Hospital & Trauma Center
28	Surat	Shikha General Hospital Changed Name To Sai Hospital	61	Hyderabad	Sri Sai Thirumala Hospitals
29	Surat	Shishumangal Children Hospital	62	Bhopal	Venus Hospital And Medical Research Centre
30	Surat	Shree Ramdev General & Surgical Hospital	63	Vanasthali Puram	Vijaya Nursing Home
31	Surat	Shree Sai Hospital & PrasutiGruh	64	Allahabad	Virendra Hospital
32	Surat	ShreyansAnorectal & Daycare Hospital	65	Meerut	Yog Nursing Home
33	Surat	Shri Panchratna Hospital & Prasutugruah			

ANNEXURE – A (Part of Policy Pack)

Format to be filled up by the proposer for change in occupation of the Insured

Policy Number	Name of the Insured	Date of birth/Age	Relationship with Primary Insured	City of residence	Previous Occupation or Nature of Work	New Occupation or Nature of Work

Place:_____ Proposer's Signature_____ Date:_____(DD/MM/YYYY) Name:_____ Designation_____

ANNEXURE – B

(To be filled by proposer for enhancement of sum insured or scope of cover of the Insured)

Policy Number	Previous sum insured / Plan	New proposed sum insured / Plan

Place:_____ Proposer's Signature_____ Date:_____(DD/MM/YYYY) Name:_____ Designation_____

CUSTOMER INFORMATION SHEET
HEARTBEAT SILVER VARIANT – ALL PLANS

TITLE	DESCRIPTION	REFER TO POLICY SECTION NUMBER
Product Name	Heartbeat Health Insurance Policy	
What am I covered for:	a. Inpatient Care: Medical Expenses for Medical Practitioner's fees, Diagnostic procedures, Medicines, drugs and consumables, Operation Theatre charges, Intensive Care Unit, Intravenous fluids, blood transfusion, injection administration charges, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.	2.1
	b. Hospital Accommodation: Reasonable charges of Room Rent for Hospital accommodation.	2.2
	c. Pre & Post hospitalization Medical Expenses: Medical Expenses incurred due to Illness up to 30 days period immediately before and 60 days immediately after an Insured Person's admission to a Hospital.	2.3 and 2.4
	d. Day Care Treatment: Medical Expenses for day care treatment/procedures where such procedures are undertaken by an Insured Person as an inpatient in a Hospital/Day Care Center for a continuous period of less than 24 hours.	2.5
	e. Domiciliary Hospitalization: Medical Expenses for medical treatment taken at home on the advice of attending Medical Practitioner if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization.	2.6
	f. Organ Donor: Medical Expenses for an organ donor's treatment for harvesting of the organ.	2.9
	g. Emergency ambulance: Reasonable charges for Ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital. There is a sub-limit of Rs 2,000 per hospitalization, in out of network hospitals.	2.10
	h. Health Checkup: Cost of a health check-up as per your plan eligibility.	2.12
	Additional Benefits under Family Floater policies only	
	I. Maternity Benefits: Reasonable Medical Expenses for pre-natal care, post-natal care, delivery of a child & medically necessary termination of pregnancy, where Insured Person and spouse, both are covered, after a waiting period of 2 years, subject to the following sub-limits. 2lac 3lac Sub Limit 20,000 30,000	2.7 1A
	j. New Born Baby: New born baby will be covered as an insured person from birth (for the policy year in which the baby is born), if a Maternity Benefits claim has been accepted. Vaccination expenses of the new born baby for the first year, subject to addition of the New Born Baby in the policy at renewal of the policy.	2.8
	Additional Benefit under Family First policies only	
	k. Maternity Benefits: Reasonable Medical Expenses for pre-natal care, post-natal care, delivery of a child & medically necessary termination of pregnancy, for an adult female Insured Person only. This benefit is available after a waiting period of 2 years **Maternity Benefit sublimit for Family First Silver Policies:** Rs 25,000 per policy year subject a maximum of 2 deliveries for any policy	2.7 1B
	l New Born Baby: New born baby will be covered as an insured person from birth (for the Policy Year in which the baby is born), if a Maternity Benefits claim has been accepted. Vaccination expenses of the new born baby for the first year, subject to addition of the New Born Baby in the policy at renewal of the policy.	2.8
What are the major exclusions in the policy	Addictive conditions and disorders • Ageing and puberty • Artificial life maintenance • Circumcision • Conflict and disaster • Congenital conditions • Convalescence and rehabilitation • Cosmetic surgery • Dental/oral treatment • Drugs and dressings for out-patient or take-home use• Eyesight • Experimental treatment • Health hydros, nature cure, wellness clinics etc. • HIV and AIDS • Hereditary conditions(specified) • Items of personal comfort and convenience: • Alternative Treatment(except for Consultation and Diagnostic Tests (For Platinum Policyholders only)) • Psychiatric and Psychosomatic Conditions • Obesity • Out-patient Treatment • Reproductive medicine - Birth control & Assisted reproduction: • Self-inflicted injuries• Sexual problems and gender issues • Sexually transmitted diseases • Sleep disorders • Speech disorders • Treatment for developmental problems • Treatment received outside India(except for treatment undertaken under "Emergency Medical Evacuation and Hospitalization (for Platinum Policyholders only)" or "Specified Illness Cover for treatment abroad (For Platinum Policyholders only)" of the Policy Document) • Unrecognized physician or Hospital • Unlawful Activity • Genetic disorders • any other such permanent exclusions as may be specified in the Schedule • Expenses specified in the List of Expenses Generally Excluded at Annexure III to the Policy Terms & Conditions	4 (e) i to xxxii
Waiting Period	• 90 days for all illnesses except any accidents or emergencies.	4(b)
	• 2 years specific waiting period for the following conditions for persons above 60 years of age • Stones in the urinary system • Stones in billiary system • Cataract • Benign prostatic hypertrophy • Mennoraghia, Fibromyoma, Uterine prolapse including any condition requiring Hysterectomy • Piles • Hernia • Degenerative disorders of knee/hip • Chronic renal failure or end stage renal failure • Retinopathy • Diabetes and related treatments	4(c)
	• 2 years personal waiting period for certain conditions.	4(d)
	• 4 year waiting period for pre-existing diseases cover	4(a)
	• 2 year waiting period for maternity benefit	2.7 (1A) (c) 2.7 (1B) (b)
Payout basis	Cashless facility or reimbursement of covered expenses up to specified limits.	

<table>
<tr>
<td>Cost Sharing</td>
<td>
Co-payment would be applicable in accordance with the table provided below, if any Insured Person is 65 years of age or over on the date of commencement of the current Policy Year, then it is agreed that We will pay the percentage specified in the table below of the amount We assess for payment or reimbursement in respect of any claim made by that Insured Person and the balance will be borne by the Insured Person.
Co-payment contribution table:
<table>
<tr><th>No of Policy Years of continuous renewal at or later than the age of 65 years</th><th>Percentage of any assessed claim amount payable by Us</th></tr>
<tr><td>0 year</td><td>80%</td></tr>
<tr><td>1yr</td><td>85%</td></tr>
<tr><td>2 yr</td><td>90%</td></tr>
<tr><td>3 yr</td><td>95%</td></tr>
<tr><td>4 yr or more</td><td>100% (no Co-payment)</td></tr>
</table>
Optional Aggregate annual Deductible options of Rs 1 Lac, 2 Lac and 3 Lac can be availed along with premium Discount. Available Only for Silver Sum Insured Options of Family Floater and Individual Silver Plans
<table>
<tr><th>Deductible Option</th><th>Available for Sum Insured (INR)</th><th>Applicable discount in premium calculation</th></tr>
<tr><td>1 lac Deductible</td><td>2 lacs & 3 lacs</td><td>25.0%</td></tr>
<tr><td>2 lacs Deductible</td><td>2 lacs & 3 lacs</td><td>33.0%</td></tr>
<tr><td>3 lacs Deductible</td><td>2 lacs & 3 lacs</td><td>45.0%</td></tr>
</table>
Optional cost sharing arrangements for insured persons younger than 65 years of age (one of the below):
1. 10% co-payment: If an Insured Person is less than 65 years of age on the date of commencement of the current Policy Year, then it is agreed that We will only pay 90% of any amount We assess for payment or reimbursement in respect of any claim under the Policy made by that Insured Person and the balance will be borne by the Insured Person.
2. 20% co-payment: For All Insured Persons we will only pay 80% of any amount we assess for payment or reimbursement in respect of any claim under the Policy made by an Insured Person and the balance will be borne by the Primary Insured and/ or the Insured Person.
</td>
<td>3

Optional Endorsements 1.

Optional Endorsements 2. & 3.</td>
</tr>
<tr>
<td>Renewal Conditions</td>
<td>• The Waiting Periods mentioned in the Policy wording will get reduced by 1 year with every continuous renewal of your Heartbeat Health Insurance Policy. • Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You or any one acting on your behalf. • There is no maximum cover ceasing age in this Policy. • Renewal premium is subject to change with prior approval from IRDAI. • The amount of renewal premium is dependent on the age of the Insured Person (s) and their geographical locations. The age referenced for calculating the premium for Family Floater Policies is the age of the eldest Insured Person, for Family First policies it is the individual age of each Insured Person of the Family. • There will be no underwriting on Policy renewal. The first year underwriting results will continue. • We will allow a grace period of 30 days from the due date of the renewal premium for payment to us</td>
<td>5(I)</td>
</tr>
<tr>
<td>Renewal Benefits</td>
<td>If the Policy is renewed with us without any break, insured person become eligible for Health Relationship Loyalty Program announced by us from time to time. Under this program, the Policyholder may choose any one of the following options:
a. Receive the vouchers offered by Us for availing certain specified services and products;
b. Increase the Base Sum Insured.
If the option to receive vouchers is chosen by the Policyholder, then
a. If the Policy Period is one year, we offer vouchers, in either electronic or physical form, worth 10% of your last paid premium for availing certain health services and products.
b. If the Policy Period is two years, We offer vouchers, in either electronic or physical form, worth 5% of the last paid premium on commencement of each Policy Year from second Policy Year.
c. Insured Person may avail of such services and products within period specified in or along with the voucher, provided that:
i. The vouchers are used for only those health services and benefits communicated from time to time;
ii. The conditions or limitations specified in the vouchers are adhered to; and
iii. The vouchers are used (and will only be valid) at empanelled service provider(s)
iv. The Policy is continuously renewed.
If the option to increase the Base Sum Insured is chosen, then this option will be applied on:
a. The Base Sum Insured if the Policy is an individual or Family Floater Policy;
b. The individual Base Sum Insured if the Policy is a Family First Policy.
c. For each Policy Year, We offer a 10% increase on the expiring Base Sum Insured up to a maximum of 50% of the Base Sum Insured of that Policy Year provided that the Policy is renewed continuously. The sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the increase in total Sum Insured.</td>
<td>2.11</td>
</tr>
<tr>
<td>Cancellation</td>
<td>You may terminate this Policy by giving 7 days' prior written notice to Us. We shall cancel the Policy and refund the premium for the period as mentioned herein below, provided that no claim has been made under the Policy by or on behalf of any Insured Person:
<table>
<tr><th>Length of time Policy in force</th><th>Refund of premium</th></tr>
<tr><td>up to 30 days</td><td>75%</td></tr>
<tr><td>up to 90 days</td><td>50%</td></tr>
<tr><td>up to 180 days</td><td>25%</td></tr>
<tr><td>exceeding 180 days</td><td>0%</td></tr>
</table>
However, policy would be cancelled, and no claim or refund would be due to if Insured Person has not correctly disclosed details about current and past health status or has otherwise encouraged or participated in any fraudulent claims under the Policy</td>
<td>5(i)</td>
</tr>
<tr>
<td>Policy Tenure</td>
<td>• One year and two year. For a two year policy tenure a discount of 12.5% would be applicable on second year premium.</td>
<td></td>
</tr>
</table>

Terms & Conditions of the Policy

Policy Document – Part II

1. Terms & Conditions

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) for Yourself and on behalf of all persons to be insured. Please inform Us immediately of any change in the address, state of health, or of any other changes affecting You or any Insured Person.

2. Benefits

The Policy covers reasonable expenses incurred towards medical treatment taken during the Policy Period for an Illness, Accident or condition described below if this is contracted or sustained by an Insured Person during the Policy Period and subject always to the Sum Insured, any subsidiary limit specified in the Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table and as shown in the Schedule of Insurance Certificate:

2.1. Inpatient Care: We will cover Medical Expenses for:

(a) 'Medical Practitioners' fees

(b) Diagnostics procedures

(c) Medicines, drugs and consumables

(d) Intravenous fluids, blood transfusion, injection administration charges

(e) Operation theatre charges

(f) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.

(g) Intensive Care Unit charges

2.2. Hospital Accommodation : We will cover Reasonable Charges for Room Rent for Hospital accommodation.

2.3. Pre- hospitalization Medical Expenses : We will cover Medical Expenses incurred due to Illness up to 30 days immediately before an Insured Person's admission to a Hospital for the same Illness as long as We have accepted an Inpatient Care Hospitalization claim under Section 2.1 above. Pre-hospitalization Medical Expenses can be claimed as reimbursement only.

2.4. Post-Hospitalization Medical Expense : We will cover Medical Expenses incurred due to Illness up to 60 days immediately after an Insured Person's discharge from Hospital for the same Illness as long as We have accepted an Inpatient Care Hospitalization claim under Section 2.1 above. Post-hospitalization Medical Expenses can be claimed as reimbursement only.

2.5. Day-Care Treatment : We will cover Medical Expenses for Day-Care Treatment where such procedures/treatments are undertaken by an Insured Person in a Hospital/Day Care Center for a continuous period of less than 24 hours.

We will also cover the Medical Expenses for Chemotherapy, Radiotherapy, Hemodialysis or any other procedure which requires a period of specialized observation or care after completion of the procedure where such procedure is undertaken by an Insured Person in a Hospital/Day Care Center for a continuous period of less than 24 hours.

Any OPD Treatment undertaken in a Hospital/Day Care Center will not be covered.

2.6. Domiciliary Treatment : We will cover Medical Expenses for medical treatment taken at home if this continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization as long as either (i) the attending Medical Practitioner confirms that the Insured Person could not be transferred to a Hospital or (ii) the Insured Person satisfies Us that a Hospital bed was unavailable.

2.7. Maternity Benefits

1A. For Family Floater Policy only : We will cover Maternity Expenses subject to the following:

(a) This benefit is available only under a Family Floater Policy.

(b) This benefit is available for You or Your spouse provided You and Your spouse, both are covered under the same Policy.

(c) For the Insured Person in respect of whom a claim is made under Section 2.7, since the date of commencement of the first Policy Year provided that cover will be available under the Maternity Benefit only after 24 months of continuous coverage have elapsed since the inception of the first Policy with Us.

(d) Our maximum liability per pregnancy will be subject to the specified sub-limit as shown in the Product Benefits Table;

1B. For Family First Policy only : We will cover Maternity Expenses subject to the following:

(a) This benefit is available to an adult female Insured Person only;

(b) For the Insured Person in respect of whom a claim is made under Section 2.7, since the date of commencement of the first Policy Year provided that cover will be available under the Maternity Benefit only after 24 months of continuous coverage have elapsed since the inception of the first Policy with Us;

(c) Our maximum liability for Maternity Benefits under the Policy for the Policy Period for all the Insured Persons will be subject to the specified sub-limit as shown in the Product Benefits Table.

2. We will cover Medical Expenses related to a Medically Necessary termination of pregnancy subject to the conditions mentioned in Section 2.7 above.

3. The benefit under Section 2.7 (1A), 2.7 (1B) and 2.7(2) above may be claimed only twice during the lifetime of the Policy including any renewal thereof.

4. The following expenses are not covered under Maternity Benefit:

(a) Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses.

(b) Medical Expenses for ectopic pregnancy. However, these expenses are covered under the Inpatient Care benefit under Section 2.1.

2.8 New Born Baby : If We have accepted a Maternity Benefits claim under Section 2.7 above, then We will:

a. Cover Medical Expenses towards the medical treatment of the Insured Person's New Born Baby while the Insured Person is Hospitalized for Inpatient Care for delivery.

b. Cover the New Born Baby as an Insured Person until the expiry of the Policy Year in which the baby is born without the payment of any additional premium.

c. Cover the Reasonable Charges for vaccination of the New Born Baby for the vaccinations shown in Annexure I to this Policy until the New Born Baby completes one year. If the Policy ends before the New Born Baby has completed one year, then, We will only cover such vaccinations until the baby completes one year, and only if We have accepted the baby as an Insured Person at the time of renewal and You have paid the premium accordingly.

2.9 Organ Donor : We will cover Medical Expenses for an organ donor's treatment for the harvesting of the organ donated provided that:

a. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;

b. The Insured Person has been Medically Advised to undergo an organ transplant

We will not cover:

(a) Pre-hospitalization or post-hospitalization Medical Expenses or screening expenses of the donor or any other Medical Expenses as a result of the harvesting from the donor;

(b) Costs directly or indirectly associated with the acquisition of the donor's organ.

2.10 Emergency ambulance : We will cover Reasonable Charges for ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital with adequate facilities if:

a. The ambulance service is offered by a healthcare or ambulance service provider; and

b. We have accepted an In-patient Hospitalization claim under the provisions of Section 2.1 above;

2.11 Health Relationship Loyalty Program : If the Policy is renewed with Us without any break, each Insured Person will become eligible to participate

in the Health Relationship Loyalty Program announced by Us from time to time. Under this program, You may choose any one of the following options:

(a) Receive the vouchers offered by Us for availing certain specified services and products; OR

(b) Increase the Base Sum Insured.

It is agreed and understood that:

(i) These options are available for individual, Family Floater and Family First Policies;

(ii) The option chosen by You under Section 2.11 would apply to all Insured Persons for that Policy Year;

(iii) Once You have opted for increasing the Base Sum Insured under Section 2.11 in any Policy Year, the option of choosing to receive vouchers shall not be applicable for that Policy in any subsequent Policy Years, even if the total increased Sum Insured has reached the maximum limit permitted under the Policy.

(iv) If the option to receive vouchers is chosen by You, then:

(1) If the Policy Period is one year, We offer vouchers, in either electronic or physical form, worth 10% of the last premium received for availing certain specified services and products.

(2) If the Policy Period is two years, We offer vouchers, in either electronic or physical form, worth 5% of the last premium received on the commencement of each Policy Year commencing from the second Policy Year.

(3) The Insured Person may avail of the services and products specified within the period specified in or along with the voucher, provided that:

(i) The vouchers are used for only those health services and benefits communicated from time to time; and

(ii) The conditions or limitations specified in the vouchers are adhered to; and

(iii) The Policy is continuously renewed.

(v) If the option to increase the Base Sum Insured is chosen, then:

(1) This option will be applied on:

(i) The Base Sum Insured if the Policy is an individual or Family Floater Policy;

(ii) The individual Base Sum Insured if the Policy is a Family First Policy.

(2) For each Policy Year, We offer a 10% increase on the expiring Base Sum Insured up to a maximum of 50% of the Base Sum Insured of that Policy Year provided that the Policy is renewed continuously. The sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the increase in total Sum Insured .

2.12 Health Checkup : We will cover the cost of a health checkup as per Your plan eligibility as defined in the Product Benefits Table. We will only cover health checkups arranged by Us through Our empanelled service providers.

2.13 Consultation and Diagnostic Tests (For Platinum Policyholders only) : We will cover an Insured Person's Reasonable Charges for Medically Necessary consultation with a Medical Practitioner, as an OPD Treatment to assess the Insured Person's health condition for any Illness. We will also pay for any Diagnostic Tests prescribed by the Medical Practitioner and medicines purchased under and supported with a Medical Practitioner's prescription upto the sub-limits shown in the Product Benefits Table.

If the Policy is renewed with Us without any break and there is a unutilized amount (not used by the Insured Person) under the applicable sub-limit (as specified in the Products Benefits Table) in a Policy Year, then We will carry forward 80% of this unutilized amount to the immediately succeeding Policy Year, provided that the total amount (including the unutilized amount available under this benefit) shall at no time exceed 2.5 times the amount of the entitlement in respect of this benefit under the plan applicable to the Insured Person per the Product Benefits Table.

2.14 Child Care Benefits (For Platinum Policyholders only) : We will cover Reasonable Charges for the vaccinations shown in Annexure I to this Policy for children who are included as Insured Persons until they have completed 12 years of age. We will also cover expenses towards one consultation for nutrition and growth provided to the child during a visit for vaccination.

2.15 Family First Benefit

This provision is applicable only to Family First Policies:

Individual cover : Within the Sum Insured, there is an individual insurance cover for each Insured Person which shall be up to the amount specified in the Schedule of Insurance Certificate for that Insured Person. Our maximum liability for any and all claims in respect of an Insured Person under the Policy during the Policy Period shall be limited to the Individual Cover amount specified in the Schedule of Insurance Certificate for that Insured Person.

Floater cover : Within the Sum Insured, there is a floater insurance cover up to the amount specified in the Schedule of Insurance Certificate. This floater cover may be utilized only if the Individual Cover amount of an Insured Person is fully exhausted and there is a further claim under the Policy. Our maximum, total and cumulative liability for any and all such further claims in respect of all Insured Persons under the Policy during the Policy Period shall be limited to the Floater Cover amount specified in the Schedule of Insurance Certificate.

2.16 Emergency Medical Evacuation and Hospitalization (for Platinum Policyholders only) : We will cover Emergency Medical Evacuation and Medical Expenses incurred on Hospitalization, outside India, but within only those regions specified in the Schedule of Insurance Certificate.

1. Emergency Medical Evacuation and Hospitalization

We will provide assistance in Medical Evacuation of the Insured Person and cover the Reasonable Charges for transportation of the Insured Person (and an attending Medical Practitioner if this is Medically Necessary) following an Emergency, to the nearest Hospital which is prepared to admit the Insured Person provided that:

i. Necessary medical treatment cannot be provided at the Hospital where the Insured Person is situated at the time of Emergency;

ii. The Medical Evacuation has been prescribed by a Medical Practitioner and is Medically Necessary; and

iii. Our Service Provider has approved the request for Medical Evacuation.

If the Insured Person is required to be Hospitalized in an Emergency when the Insured Person is outside India, but within those regions specified in the Schedule of Insurance Certificate, We will cover the following Medical Expenses towards medical treatment until the Insured Person reaches a Medically Stable Condition:

(a) Medical Practitioners' fees

(b) Diagnostics procedures

(c) Medicines, drugs and consumables

(d) Intravenous fluids, blood transfusion, injection administration charges

(e) Operation theatre charges

(f) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.

(g) Intensive Care Unit charges

(h) Reasonable Charges for Room Rent for Hospital accommodation

2. Specific Exclusions to Section 2.16

We shall not be liable under Section 2.16 for any claim in connection with or in respect of the following:

2.1 Any treatment or claims falling under any exclusion or waiting period specified in Sections 2.7, 2.17 or 4.

2.2 Any claim arising after the first 180 cumulative days of travel outside India during the Policy Year.

5. Claims Procedure applicable to all claims under Section 2.16

a) Claims for Emergency Medical Evacuation

(i) In the event of an Emergency, Our Service Provider shall be contacted immediately on the helpline number specified in the Insured Person's health card.

(ii) Our Service Provider will evaluate the necessity for evacuation of the Insured Person and if the request for Medical Evacuation is approved, the Service Provider shall pre-

authorise the type of travel that can be utilized to transport the Insured Person and provide information on the nearest Hospital that may be approached for medical treatment of the Insured Person.

(iii) If the Service Provider pre-authorises the Medical Evacuation of the Insured Person through an air ambulance, the Service Provider shall also arrange for the same to be provided to the Insured Person unless there are any logistical constraints or the medical condition of the Insured prevents Emergency Medical Evacuation.

(iv) If the Service Provider pre-authorises the Medical Evacuation of the Insured Person through air travel and if the condition of the Insured Person permits travel by commercial airline as certified by the treating Medical Practitioner, the Service Provider shall arrange one-way economy class air tickets or equivalent by the most direct route from the place of evacuation to the place to where the Insured Person is being evacuated.

(v) It is agreed and understood that We shall not cover:

a. Any claims for reimbursement of the costs incurred in the evacuation or transportation of the Insured Person while outside India or any claims which are not pre-authorized by Our Service Provider;

b. Any costs or expenses incurred in relation to any persons accompanying the Insured Person, even if such persons are also Insured Persons.

b) Cashless Hospitalization in Emergency at Network Hospitals: The health card We provide will enable the Insured Person to access medical treatment at any

Network Hospital outside India, but within those regions specified in the Schedule of Insurance Certificate, on a cashless basis only by the production of the card to the Network Hospital prior to admission, subject to the following:

i. In the event of an Emergency, the Insured Person or Network Hospital shall call Our Service Provider immediately, , on the helpline number specified in the Insured Person's health card, requesting for a pre-authorization for the medical treatment required.

ii. Our Service Provider will evaluate the request and the eligibility of the Insured Person under the Policy and call for more information or details, if required.

iii. Our Service Provider will communicate directly to the Hospital whether the request for pre-authorization has been approved or denied.

iv. If the pre-authorization request is approved, Our Service Provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by or on behalf of the Insured Person beyond the limits pre-authorized by the Service Provider shall be borne by the Insured Person.

v. This benefit is available only as cashless facility through pre-authorization by Our Service Provider. It is agreed and understood that We shall not cover:

a. Any claims for reimbursement of the costs incurred in relation to the Hospitalization of the Insured Person while inside or outside India or any claims which are not pre-authorized by Our Service Provider;

b. Any costs or expenses incurred in relation any persons accompanying the Insured Person during the period of Hospitalization, even if such persons are also Insured Persons.

6. It is hereby agreed and understood that in the pre-authorisation made by the Service Provider under this Policy or in making any payment under this Policy or in the Service Provider providing access to transportation facilities or providing information on the nearest Hospital, We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the treatment/facilities sought or provided. The Medical Emergency Evacuation service shall be on best efforts basis.

7. It is hereby agreed and understood that, We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the Medical Evacuation services arranged by the Service Provider. In no event shall We be liable for any claim in relation to or in respect of these services, including without limitation the failure of performance, error, omission, interruption, defect or delay in operation, tortuous behavior or negligence on the part of the Service Provider.

2.17. Specified Illness Cover for treatment abroad (For Platinum Policyholders only)

(1) If an Insured Person suffers a Specified Illness during the Policy Period and while the Policy is in force, We will cover Reasonable Charges incurred towards treatment otherwise payable under Sections 2.1 and 2.2 provided that:

(a) The symptoms of the Specified Illness first occur or manifest itself during the Policy Period and after completion of the 90 day waiting period;

(b) The Specified Illness is diagnosed by a Medical Practitioner within India during the Policy Period and after completion of the 90 day waiting period;

(c) Medical treatment for the Specified Illness is taken outside India, but only within those regions specified in the Schedule of Insurance Certificate.

(2) For the purpose of this Specified Illness Cover only, "Specified Illness" means the following illnesses or procedures:

I. Cancer : A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

Specific Exclusion: All tumors in the presence of HIV infection are excluded.

ii. Myocardial Infarction (Heart Attack) : The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

iii. Coronary Artery Bypass Graft (CABG) : The actual undergoing of open / keyhole chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked. The diagnosis must be supported by relevant diagnostic tests and confirmed by a cardiologist.

iv. Major Organ Transplant : The actual undergoing of a transplant of:

One or more of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or human bone marrow using haematopoietic stem cells.

Specific Exclusions: The following are excluded:

(a) Other stem-cell transplants

(b) Where only islets of langerhans are transplanted

v. Stroke : Any cerebrovascular incident including infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolisation from an extra cranial source, which would result in neurological sequelae. Transient Ischemic Attacks (TIA) are excluded. Treatment of the neurological sequelae is excluded from the cover if the primary condition is not covered.

vi. Surgery of Aorta : Surgery of aorta including graft, insertion of stents or endovascular repair.

Specific Exclusion: Wherein the surgery is required due to underlying congenital condition.

vii. Coronary Angioplasty : Procedures done for widening a narrowed or obstructed blood vessel of the heart wherein a stent may or may not be inserted into the blood vessel. The same is payable only if the procedure is done subsequent to Myocardial infarction or Anginal attack.

viii. Primary Pulmonary Arterial Hypertension : An abnormal elevation in pulmonary artery pressure with or without any known cause. The disease has to be confirmed through cardiac catheter.

ix. Brain Surgery : Any brain (intracranial) surgery required of brain due to traumatic or non traumatic reasons.

Specific Exclusion: Surgery for treating Neurocysticercosis

(3) Specific Exclusions to Section 2.17 : In addition to the specific exclusions specific for any particular Specific Illness, We will not cover any treatment or claims falling under any exclusion or waiting period specified in Sections 2.7 or 4.

(4) Claims Procedure : Cashless Hospitalization facility for Network Hospitals:

i. In the event of the diagnosis of a Specified Illness, the Insured Person should call Our Service Provider immediately and in any event before the commencement of the travel for treatment overseas on the helpline number specified on in the Insured Person's health card, requesting for a pre-authorization for the treatment;

ii. Our Service Provider will evaluate the request and the eligibility of the Insured Person the Policy and call for more information or details, if required.

iii. Our Service Provider will communicate directly to the Hospital and the Insured Person whether the request for pre-authorization has been approved or denied.

iv. If the pre-authorization request is approved, Our Service Provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by or on behalf of the Insured Person beyond the limits pre-authorized by the Service Provider or at any non-Network Hospital shall be borne by the Insured Person.

This benefit is available only as Cashless Facility through pre-authorization by Our Service Provider. It is agreed and understood that We shall not cover:

a. Any claims for reimbursement of the costs incurred in relation to the treatment of the Specified Illness outside India or any claims which are not pre-authorized by Our Service Provider;

b. Any costs or expenses incurred in relation to any persons accompanying the Insured Person during any period of treatment, even if such persons are also Insured Persons.

c. Any costs or expenses incurred in relation to the travel to or from the overseas location where treatment is being taken.

d. Any costs or expenses incurred in relation to accommodation or stay or transportation in the overseas location where treatment is being taken.

e. Any pre-Hospitalization or post-Hospitalization costs or expenses incurred by or on behalf of the Insured Person.

f. Any costs or expenses incurred in relation to transportation of repatriation of the mortal remains of the Insured Person.

g. Any costs or expenses incurred by any organ donor in relation to harvesting of organs.

h. Any OPD treatment taken outside India.

3. Co-payment

Co-payment would be applicable in accordance with the table provided below, if any Insured Person is 65 years of age or over on the date of commencement of the current Policy Year, then it is agreed that We will pay the percentage specified in the table below of the amount We assess for payment or reimbursement in respect of any claim made by that Insured Person and the balance will be borne by the Insured Person.

Co-payment contribution table:

No of Policy Years of continuous renewal at or later than the age of 65 years	Percentage of any assessed claim amount payable by Us
0 year	80%
1yr	85%
2 yr	90%
3 yr	95%
4 yr or more	100% (no Co-payment)

4. Exclusions

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

a. Pre-Existing Diseases : Benefits will not be available for Pre-existing Diseases:

(i) for Gold and Platinum Plans only, until 24 months of continuous coverage have elapsed since the inception of the first Policy with Us;

(ii) for Silver Plan, until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us.

(iii) where the Policy is renewed for enhanced Sum Insured, waiting periods would start afresh for the amount of increase in Sum Insured.

b. 90 Days Waiting Period : We will not cover any treatment taken during the first 90 days since the date of commencement of the Policy, unless the treatment needed is the result of an Accident or Emergency. This waiting period does not apply for any subsequent and continuous renewals of Your Policy.

c. Specific Waiting Periods : For all Insured Persons who are above 60 years of age as on the date of commencement of the first Policy Period the conditions listed below will be subject to a waiting period of 24 months and will be covered in the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break:

1. Stones in the urinary system (eg kidney/bladder)
2. Stones in billiary system (eg gall stones)
3. Cataract
4. BPH - Benign prostatic hypertrophy
5. Mennoraghia, Fibromyoma, Uterine prolapse including any condition requiring Hysterectomy.
6. Piles (Haemorrhoids)
7. Hernia (Inguinal/umbilical and gastric)
8. Degenerative disorders of knee/hip
9. Chronic renal failure or end stage renal failure
10. Retinopathy
11. Diabetes and related treatments

d. Personal Waiting Periods : Conditions mentioned under Personal Waiting Period in the Schedule of Insurance Certificate will be subject to a waiting period of 24 months and will be covered from the commencement of the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

e. Permanent Exclusions : We will not be liable under any circumstances, for any claim in connection with or with regard to any of the following permanent exclusions and any such permanent exclusions as may be specified in the Schedule of Insurance Certificate

i. Addictive conditions and disorders : Treatment related to addictive conditions and disorders, or from any kind of substance abuse or misuse.

ii. Ageing and puberty : Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing.

iii. Artificial life maintenance : Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:

1. Deep coma and unresponsiveness to all forms of stimulation;
2. Absent pupillary light reaction;
3. Absent oculovestibular and corneal reflexes; or
4. Complete apnea.

iv. Circumcision : Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

v. Conflict and disaster : Treatment for any Illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity), if one or more of the following conditions apply:

1. The Insured Person put himself in danger by entering a known area of conflict where active fighting or insurrections are taking place
2. The Insured Person was an active participant in the above mentioned acts or events of a similar nature.
3. The Insured Person displayed a blatant disregard for personal safety

vi. Congenital conditions : Treatment for any Congenital Anomaly.

vii. Convalescence and Rehabilitation : Hospital accommodation when it is used solely or primarily for any of the following purposes:

1. convalescence, rehabilitation, supervision or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in Hospital.
2. receiving general nursing care or any other services that do not require the Insured Person to be in Hospital and could be provided in another establishment that is not a Hospital
3. receiving services from a therapist or complementary medical practitioner or a practitioner of Alternative Treatment.

viii. **Cosmetic surgery :** Treatment undergone purely for cosmetic or psychological reasons to improve appearance, unless such treatment is Medically Necessary as a part of treatment for cancer or injury resulting from Accidents or burns and is required to restore functionality.

ix. **Dental/oral treatment :** Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the tempromandibular joint.

EXCEPTION: We will pay for a Surgical Procedure for which the Insured Person is Hospitalized and which is taken for Inpatient Care in a Hospital and carried out by a Medical Practitioner

x. **Drugs and dressings for OPD Treatment or take-home use :** Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in post-hospitalization expenses under Section 2.4 above.

xi. **Eyesight :** Treatment to correct refractive errors of the eye, unless required as the result of an Accident. We will not pay for routine eye examinations, contact lenses, spectacles or laser eye sight correction.

xii. **Unproven/Experimental treatment :** Unproven or Experimental or investigational treatment or devices and pharmacological regimens. Treatment including medication not recognized by professional medical organizations as conforming to accepted medical practice; or not approved by requisite government body. Treatment or medicine used in clinical trials or that need further study; or are rarely used, novel, or unknown and lack authoritative evidence of safety and efficacy.

xiii. **Health hydros, nature cure, wellness clinics etc. :** Treatment or services received in health hydros, nature cure clinics or any establishment that is not a Hospital.

xiv. **HIV and AIDS :** Any treatment for, or treatment arising from, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

xv. **Hereditary conditions (Specified) :** Any treatment arising from and/or taken for Crohn's Disease, Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Hemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.

xvi. Items of personal comfort and convenience, including but not limited to:

1. Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
2. Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization.
3. Drugs or treatment not supported by prescription.
4. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
5. Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness.
6. External and or durable medical/non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc.
7. Ambulatory devices such as walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and similar items and also any medical equipment which is subsequently used at home.
8. Nurses hired in addition to the Hospital's own staff.

xvii. **Alternative Treatment :** Any Alternative Treatment; except benefits under Section 2.13 (Consultation and Diagnostic Tests (For Platinum Policyholders only)) shall be payable for homeopathic as well as ayurvedic treatments

xviii. **Psychiatric and Psychosomatic Conditions :** Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour, Parkinsons or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition");

xix. **Obesity :** Treatment for obesity.

xx. **OPD Treatment :** OPD Treatment is not covered except those OPD Treatment benefits explicitly stated as an eligible benefit for Your chosen plan.

xxi. Reproductive medicine - Birth control & Assisted reproduction

1. Any type of contraception, sterilization, termination of pregnancy (except as provided for under Section 2.7 above) or family planning.
2. Treatment to assist reproduction, including IVF treatment.

xxii. **Self-inflicted injuries :** Treatment for, or arising from, an injury that is intentionally self-inflicted, including attempted suicide.

xxiii. **Sexual problems and gender issues :** Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.

xxiv. **Sexually transmitted diseases :** Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

xxv. **Sleep disorders :** Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

xxvi. **Speech disorders :** Treatment for speech disorders, including stammering

xxvii. **Treatment for developmental problems :** Treatment for, or related to developmental problems, including:

1. learning difficulties, such as dyslexia;
2. behavioral problems, including attention deficit hyperactivity disorder (ADHD);

xxviii. **Treatment received outside India :** Any treatment received outside India except for treatment undertaken under Section 2.16 (Emergency Medical Evacuation and Hospitalization (for Platinum Policyholders only)) or Section 2.17 (Specified Illness Cover for treatment abroad (For Platinum Policyholders only)) of the Policy Document.

xxix. **Unrecognised physician or Hospital:**

1. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India or where the treatment is undertaken outside India, treatment provided by a Medical Practitioner who is not recognized by the relevant authorities in the country where the treatment is taken.
2. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family.
3. With respect to Section 2.13 only, treatment provided by a Medical Practitioner who is not recognized by Central Council of Indian Medicine or by Central Council of Homoeopathy.

xxx. **Unlawful Activity :** Any condition as a result of Insured Person committing or attempting to commit a breach of law with criminal intent.

xxxi. **Genetic disorders :** Any genetic disorders resulting from a defect in the genes.

xxxii. Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure III.

5. Standard Terms and Conditions

a. **Reasonable Care :** The Insured Person shall take all reasonable steps to safeguard against any Accident or Illnesses that may give rise to any claim under this Policy.

b. **Observance of terms and conditions :** The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a Condition Precedent to any liability to make payment under this Policy.

c. **Subrogation :** The Insured Person shall do and concur in doing and permit to be done all such acts and things as may be necessary or required by Us, before or after indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We are or would become entitled or subrogated. Neither You nor any Insured Person shall do any acts or things that prejudice these subrogation rights in any manner. Any recovery made by Us pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and the costs and expenses incurred by Us in effecting the recovery, whereafter We shall pay the balance amount to You.

d. **Contribution :** It is agreed and understood that if in addition to this Policy, there is any other insurance policy in force under which a claim for reimbursement of Medical Expenses in respect of the Insured Person could be made, then You may choose the insurance policy under which You wish the claim to be settled. If, in such cases, the amount claimed (after considering the applicable deductibles and co-payment) exceeds the sum insured under a single policy, You may choose the insurance policies under which the claim is to be settled and if this Policy is chosen then We will settle the claim by applying the Contribution provisions.

e. **Fraudulent claims :** If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person any false or incorrect Disclosure to Information Norms or anyone acting on behalf of the Insured Person to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

f. **Notification :** You will inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person through the format Annexure A.

We shall allow the enhancement in Sum Insured or scope of cover only at the time of Renewal, provided You intimate Us at the time of Renewal, through the format Annexure B. The decision of acceptance of enhancement of the sum insured or the scope of cover will be based on our underwriting policy and shall be subject to payment of applicable premium for such enhanced cover.

g. **Free Look Provision :** You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by You after deducting the amounts spent on medical examination of any of the Insured Person(s), stamp duty charges and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

h. **Portability**

From another company to Our Policy

(i) If the proposed Insured Person was insured continuously and without a break under another Indian retail health insurance policy with any other Indian General Insurance company or stand alone Health Insurance company,it is understood and agreed that:

(1) If You wish to exercise the Portability Benefit, We should have received Your application and the completed Portability Form with complete documentation at least 45 days before the expiry of Your present period of insurance;

(2) This benefit is available only at the time of renewal of the existing health insurance policy.

(3) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority of India.

(4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority of India.

(5) The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following

(a) You shall give Us all additional documentation and/or information We request;

(b) You pay Us the applicable premium in full;

(c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;

(d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;

(e) We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDAI's web portal.

(f) No additional loading or charges shall be applied by Us exclusively for porting the policy.

ii. **From Our existing health insurance policies to this Policy**

(i) If the proposed Insured Person was insured continuously and without a break under another health insurance policy with Us, it is understood and agreed that:

(1) If You wish to exercise the Portability Benefit, We should have received Your application and completed Portability Form before the expiry of Your present period of insurance;

(2) This benefit is available only at the time of renewal of existing health insurance policy.

(3) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority of India.

(4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority of India.

(5) The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following :

(a) You shall give Us all additional documentation and/or information We request;

(b) You pay Us the applicable premium in full;

(c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;

(d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.

(e) No additional loading or charges shall be applied by Us exclusively for porting the policy.

We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority of India as amended from time to time.

i. **Cancellation/ Termination (other than Free Look cancellation)**

1. **Cancellation by You.**

You may terminate this Policy by giving 7 days' prior written notice to

Us. We shall cancel the Policy and refund the premium for the period as mentioned herein below, provided that no claim has been made under the Policy by or on behalf of any Insured Person:

Length of time Policy in force	Refund of premium
up to 30 days	75%
up to 90 days	50%
up to 180 days	25%
exceeding 180 days	0%

2. **Automatic Cancellation:**

   a. **Individual Policy:** The Policy shall automatically terminate in the event of death of the Insured Person.

   b. **For Family Floater and Family First Policies:** The Policy shall automatically terminate in the event of the death of all the Insured Persons.

   c. **Refund:** A refund in accordance with the table in Section 5(h)(1) above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been made under the Policy by or on behalf of any Insured Person.

3. **Cancellation by Us:**

   Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in the Schedule of Insurance Certificate without refund of premium if :

   i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or

   ii. You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or

   iii. You or any Insured Person has not co operated with Us.

   For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by Us during the notice period.

j. Territorial Jurisdiction : All benefits are available in India only, and all claims shall be payable in India in Indian Rupees only except for benefits and claims under Sections 2.16 and 2.17.

k. Policy Disputes : Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

l. Renewal of Policy : The Renewal premium is payable on or before the due date in the amount shown in the Schedule of Insurance Certificate or at such altered rate as may be reviewed and notified by Us before completion of the Policy Period. The amount of premium is dependent on the age of the Insured Person and the geographical locations. The reference of age for calculating the premium for Family Floater Policies shall be the age of the eldest Insured Person, and for Family First policies it shall be the individual age of each Insured Person of the Family.

We are under no obligation to notify You of the renewal date of Your Policy. We will allow a Grace Period of 30 days from the due date of the Renewal premium for payment to Us.

If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

If any Dependent Child has completed 21 years at the time of Renewal, then such Insured Person will have to take a separate policy as he/she will no longer be eligible as Dependent Children, however the continuity benefits will be passed on to the separate policy taken by such Insured Person.

There will not be any loading at the time of Renewal on individual claims experience of the Insured Person. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You

m. Notices : Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to

I. You/the Insured Person at the address specified in the Schedule of Insurance Certificate or at the changed address of which We must receive written notice.

ii. Us at the following address.

Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate,
Mathura Road,
New Delhi-110044
Fax No.: 1800-3070-3333

In addition, We may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

n. Claims Procedure (not applicable to all claims under Sections 2.16 and 2.17)

(a) Cashless Hospitalization Facility for Network Hospitals:

(i) The health card We provide will enable an Insured Person to access treatment on a cashless basis only at any Network Hospital on the production of the card to the Hospital prior to admission, provided that:

(1) The Insured Person has notified Us in writing at least 72 Hours before a planned Hospitalization. In an Emergency the Insured Person should notify Us in writing within 48 hours of Hospitalization; and

(2) We have pre-authorized the Inpatient Care or Day Care Treatment

(ii) Cashless Facility will not be available if You take treatment in an Non-Network Hospital.

(iii) For cashless Hospitalization We will make the payment of the amounts assessed to be due directly to the Network Hospital. The treatment must take place within 15 days of the pre-authorization date and pre-authorization is only valid if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received.

(iv) If pre-authorisation is not obtained then the Cashless Facility will not be available and the claims procedure shall be as per (b)(ii) below.

(b) Non-Network Hospitals & All Other Claims for Reimbursement:

(i) In all Hospitalizations which have not been pre-authorized, We must be notified in writing within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. The Notification of Claim should be ideally provided by the Policyholder/Insured Person. In the event Policyholder and Insured Person is unwell, then the Notification of Claim should be provided by any immediate adult member of the family.

(ii) For any Illness or Accident or medical condition that requires Hospitalization, the Insured Person shall deliver to Us the necessary documents listed below, at his own expense, within 30 days of the Insured Person's discharge from Hospital (when the claim is only in respect of post-Hospitalization, within 30 days of the completion of the post-Hospitalization):

(1) Claim form duly completed and signed by the claimant.

(2) Cancelled Cheque

(3) Self attested copy of valid age proof (Passport / Driving License/ PAN card / class X certificate / Birth certificate)

(4) Self attested copy of identity proof (Passport / Driving License/ PAN card / Voters identity card)

(5) Original Discharge summary

(6) Original final bill from Hospital with detailed break-up and paid receipt

(7) Original bills of medicines purchased, or of any other investigation done outside hospital with reports and requisite prescriptions.

(8) Invoice of major accessories in case billed and utilized during treatment (if not included in the final hospital bill).

(9) For Medicolegal cases (MLC/FIR copy attested by the concerned hospital / police station (if applicable).

(10) Original self-narration of incident in absence of MLC / FIR.

(11) Original first consultation paper (in case disease is first time diagnosed).

(12) Original Laboratory Investigation reports.

(13) Original X-Ray/ MRI / Ultrasound films and other Radiological investigations

(14) Indoor case paper/OT notes (if required)

(15) For any medical treatment taken from an Non-Network Hospital We will only pay Medical Expenses which are Reasonable Charges.

(c) For Network and Non-Network Hospitals In all cases:

(i) We reserve the right to call for:

(1) Any other necessary documentation or information that We believe may be required; and

(2) A medical examination by Our Medical Practitioner or for an investigation as often as We believe this to be necessary. Any expenses related to such examinations or investigations shall be borne by Us.

(ii) In the event of the Insured Person's death during Hospitalization, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless of whether any other notice has been given to Us. We reserve the right to require an autopsy.

(iii) For the purposes of Section 2, it is understood and agreed that if a Hospital room as per the rent limit permitted by the insurance plan opted for, as shown in the Product Benefits Table, is unavailable, then We will only be liable to make payment for a Hospital room that is actually occupied or as per entitlement permitted by the plan opted for, whichever is lower. Further where Medical Expenses are linked with room rates, Medical Expenses as applicable to the room that is actually occupied or as per room rates entitlement under the plan opted, whichever is lower, shall be payable.

(d) All claims are to be notified to Us within a timeline as per Clause 3(m)(b)(I). In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim, We reserve a right to decline such requests for claim process where there is no merit for a delayed claim.

(e) Upon acceptance of a claim, the payment of the amount due shall be made within 30 days from the date of acceptance of the claim. In the case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

(f) It is hereby agreed and understood that in providing pre-authorisation or accepting a claim for reimbursement under this Policy or making a payment under this Policy, We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the treatment sought or provided.

(g) Insured Person are advised to refer to the list of unrecognized Hospitals, which is available at our website (www.maxbupa.com).

o. Alteration to the Policy : This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

p. Withdrawal of Product : This product may be withdrawn at Our option subject to prior approval of Insurance Regulatory and Development Authority of India (IRDAI) or due to a change in regulations. In such a case We shall provide an option to migrate to Our other suitable retail products as available with Us.

q. Revision or Modification : This product may be revised or modified subject to prior approval of the IRDAI. In such case We shall notify You of any such change at least 3 months prior to the date from which such revision or modification shall come into effect, provided it is not otherwise provided by the IRDAI.

r. Change of Policyholder : If You do not renew the Policy by the due dates specified in the Schedule of Insurance Certificate, any other adult Insured Person may apply to renew the Policy within 30 days of the end of the Policy Period provided that We receive an application and the premium from such Insured Person and evidence satisfactory to Us of the agreement of all other Insured Persons and You (except in case of death). If We accept such application and the premium for the renewed Policy is paid on time, then the Policy shall be treated as having been renewed without a break in cover. Coverage shall not be available for the period for which premium has not been received.

If the new proposed Policyholder does not fulfill the relationship conditions specified in the definition of 'Family' as stated in the definition of Family First Policy, any other adult Insured Person may apply to renew the Policy in accordance with the aforesaid provision and the Policy will continue as a Family First Policy provided that Our underwriting criteria for Family First Policies is satisfied,

In such cases, for the purposes of the Policy the relationship between the Insured Persons and the Policyholder shall be governed in relation to the original Policyholder, notwithstanding the change in Policyholder and the addition of any proposed Insured Persons under the Policy will also be subject to these proposed Insured Persons satisfying the relationship requirements with the original Policyholder as specified in the definition of Family First Policy.

s. Nominee : You are mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

t. Obligations in case of a minor : If an Insured Person is less than 18 years of age, You/adult Insured Person shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person.

u. Customer Service and Grievances Reddressal:

i. In case of any query or complaint/grievance, You/the Insured Person may approach Our office at the following address:

Customer Services Department

Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate,
Mathura Road,
New Delhi-110044
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

ii. In case You/the Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You may contact the following official for resolution:

Head – Customer Services

Max Bupa Health Insurance Company Limited

B-1/I-2, Mohan Cooperative,

Industrial Estate, Mathura Road,

New Delhi-110 044

Contact No: 1800-3010-3333

Fax No.: 1800-3070-3333

Email ID: customercare@maxbupa.com

iii. In case You/the Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure II.

iv. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.

v. As per provision 13(3)of the Redressal of Public Grievances Rules 1998,the complaint to the Ombudsman can be made

1. only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;
2. within a period of one year from the date of rejection by the insurer;
3. if it is not simultaneously under any litigation.

6. Interpretations & Definitions

In this Policy the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy and for this purpose the singular will be deemed to include the plural, the male gender includes the female where the context permits:

Def.1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. Alternative Treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Def. 3. Base Sum Insured means the amount specified as Sum Insured at the inception of a Policy Year and in the event the Policy is upgraded or downgraded on any continuous renewal, then the Sum Insured for which premium is paid at the commencement of the Policy Year for which the prevalent upgrade or downgrade is sought.

Def. 4. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization approved.

Def. 5. Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 6. Congenital Anomaly refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position:

(i) Internal Congenital Anomaly : Congenital Anomaly which is not in the visible and accessible parts of the body

(ii) External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

Def. 7. Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

Def. 8. Co-payment is a cost-sharing requirement under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible cost amount. A Co-payment does not reduce the Sum Insured.

Def. 9. Day Care Center A Day Care Centre means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set-up within a Hospital and which has been registered within the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:- has Qualified Nursing staff under its employment; has qualified Medical Practitioner (s) in charge; had a fully equipped operation theatre of its own where surgical procedures are carried out; maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Def. 10. Day Care Treatment refers to medical treatment, and/or surgical procedure which is: (i) undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hrs because of technological advancement, and (ii) which would have otherwise required a Hospitalization of more than 24 hours.

Treatment normally taken on an OPD basis is not included in the scope of this definition.

Def. 11. Deductible: Deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

Def. 12. Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants

Def. 13. Diagnostic Tests: Investigations, such as X-Ray or blood tests, to find the cause of your symptoms and medical condition.

Def. 14. Disclosure to Information Norm: The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 15. Domiciliary Hospitalisation: means medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non availability of room in a hospital.

Def. 16. Emergency means a severe Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Def. 17. Emergency Care means management for a severe Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Def. 18. Family Floater Policy means a Policy in terms of which, two or more persons of a Family are named in the Schedule of Insurance Certificate as Insured Persons. In a Family Floater Policy, Family means a unit comprising of upto six members who are related to each other in the following manner:

i. Legally married husband and wife as long as they continues to be married; and/or

ii. Up-to four of their children who are less than 21 years on the date of commencement of the initial cover under the Policy

Def. 19. Family First Policy means a Policy in terms of which, two or more persons of Your Family are named in the Schedule of Insurance Certificate as Insured Persons. In a Family First Policy, Family means You and the persons listed below who is/are related to You in the following manner:-

a. Legally married spouse as long as he or she continues to be married to You;
b. Son;
c. Daughter-in-law;
d. Daughter;
e. Son-in-law
f. Father;
g. Mother;
h. Father-in-law as long as Your spouse continues to be married to You;
i. Mother-in-law as long as Your spouse continues to be married to You;
j. Grandfather;
k. Grandmother;
l. Grandson;
m. Granddaughter.

Def. 20. Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

Def. 21. Hospital (within India) means any institution established for In-patient care and Day Care Treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a) has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

b) has Qualified Nursing staff under its employment round the clock;

c) has qualified Medical Practitioner (s) in charge round the clock;

d) has a fully equipped operation theatre of its own where surgical procedures are carried out

e) maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

Hospital (outside India) means an institution (including nursing homes) established outside India for indoor medical care and treatment of sickness and injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a Medical Practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, old age home.

Def. 22. Hospitalization or Hospitalized means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 23. Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 24. Information Summary Sheet means the record and confirmation of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.

Def. 25. Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner (s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 26. Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

(i) Acute condition: Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.

(ii) Chronic condition: A chronic condition is defined as a disease, illnesss, or injury that has one or more of the following characteristics:- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests- it needs ongoing or long-term control or relief of symptoms –it requires your rehabilitation or for you to be specifically trained to cope with it- it continues indefinitely – it comes back or is likely to come back.

Def. 27. Inpatient means the Insured Person's admission to for treatment in a Hospital for more than 24 hours for a covered event.

Def. 28. Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 29. Insured Person means person named as insured in the Schedule of Insurance Certificate.

Def. 30. Maternity Expense: Maternity expense shall include:

i. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization);

ii. Expenses towards lawful medical termination of pregnancy during the Policy Period;

Def. 31. Medical Advise: Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 32. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 33. Medical Evacuation means the transportation, in the event of an Emergency, of the Insured Person to the nearest Hospital, if and only if, the treatment required is not available locally.

Def. 34. Medical Practitioner: A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with Section 2.16, Medical Practitioner shall mean a general practitioner, surgeon, anesthetist or physician who:

(i) holds a degree of a recognised institute and

(ii) is registered by Medical Council or equivalent body of the country where the treatment has taken place, and

(iii) is legally qualified to practice medicine or surgery in the jurisdiction where he practices.

Def. 35. Medically Necessary: Medically necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

a) is required for the medical management of the Illness or injury suffered by the insured;

b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

c) must have been prescribed by a Medical Practitioner;

d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 36. Medically Stable Condition means the condition of the Insured Person is such that any injuries and/or conditions/diseases suffered have been brought under control or resistant to deterioration as certified by the treating Medical Practitioner.

Def. 37. Network Provider means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with Sections 2.16 or 2.17, Network Provider shall mean the hospitals that are a part of the Service Provider's network, a list of which is available with the Service Provider.

Def. 38. New Born Baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Def. 39. Notification of Claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Def. 40. Non-Network means any Hospital, Day Care Centre or other provider that is not part of the Network.

Def. 41. OPD Treatment is one in which the Insured Person visits a clinic/ hospital, or associated facility like a consultation room, for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or Inpatient.

Def. 42. Policy means these terms and conditions, any annexure thereto and the Schedule of Insurance Certificate (as amended from time to time), Your statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).

Def. 43. Policy Period means the period between the date of commencement and the expiry date specified shown in the Schedule of Insurance Certificate.

Def. 44. Policy Year means the period of one year commencing on the date of commencement specified in the Schedule of Insurance Certificate or any anniversary thereof.

Def. 45. Pre-existing Disease means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months, prior to the first Policy issued by Us.

Def. 46. Pre-hospitalization Medical Expenses

Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

II. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 47. Post-hospitalization Medical Expenses

Medical Expenses incurred immediately after the Insured Person is discharged from the Hospital, provided that:

(i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

(ii) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 48. Portability means transfer by an individual health insurance policyholder (including family cover) to the credit gained for Pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

Def. 49. Product Benefits Table means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.

Def. 50. Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Def. 51. Reasonable and Customary Charges: Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / injury involved.

Def. 52. Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Def. 53. Room rent shall means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical Expenses.

Def. 54. Schedule of Insurance Certificate means the schedule of insurance certificate issued by Us, and, if more than one, then the latest in time.

Def. 55. Service Provider (for the purposes of Section 2.16 and 2.17) means the entity that has been sourced by Us to case manage and settle claims for Emergency Medical Treatment, Emergency Medical Evacuation and Specified Illness under this Policy. The list is available with Us and subject to amendment from time to time.

Def. 56. Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Def. 57. Sum Insured means the sum shown in the Schedule of Insurance Certificate which represents Our maximum, total and cumulative liability for any and all claims under the Policy during the Policy Period.

Def. 58. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

Def. 59. Unproven/Experimental treatment: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 60. We/Our/Us means Max Bupa Health Insurance Company Limited

Def. 61. You/Your/Policyholder means the person named in the Schedule of Insurance Certificate who has concluded this Policy with Us.

Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

Optional Endorsements

All endorsements issued with this Policy or endorsed to the Schedule shall be subject to the terms, conditions and exclusions of this Policy, except to the extent expressly varied by the endorsement. All other Policy terms, conditions and exclusions shall remain unchanged. Any of the below endorsements shall be applicable **if Policyholder opts for it in the proposal form or Information Summary Sheet and We have issued an endorsement to the Schedule.**

The endorsements, (i) Deductible, (ii) 10% co-payment and (iii) 20% co- payment are not available collectively and the Policyholder has an option to choose one amongst the three endorsements.

1. Deductible (Applicable only for Individual and Family Floater- Silver Plan)

The following Section shall be added to Section 3 of the Policy as follows and shall be integrated into and construed as a part of Section 3:

'It is agreed that the Insured Person shall bear on his/her own account an amount equal to the Deductible specified in the Schedule for any and all claim amounts We assess to be payable by Us in respect of all claims made by that Insured Person under the Policy for a Policy Year. It is agreed that Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted."

It is further agreed that:

(a) if the Insured Person is 65 years of age or over on the date of commencement of the current Policy Year, then the provisions in Section 3 on Co- payment will apply to any amounts payable by Us in respect of a claim made by the Insured Person after the Deductible has been exhausted.

(b) if We have admitted a claim under the Policy to which the provisions of Section 5(d) are applicable, then: (i) the provisions in Section 5(d) will apply only to any amounts payable by Us in respect of a claim made by the Insured Person after the Deductible has been exhausted; and (ii) in such cases, Our rateable proportion of the claim payable in accordance with Section 5(d) will be determined with reference to the amount payable after the Deductible has been exhausted.

OR

2. 10% Co-payment (Applicable only for Individual and Family Floater)

The following Section shall be added to Section 3 of the Policy as follows and shall be integrated into and construed as a part of Section 3:

'If an Insured Person is less than 65 years of age on the date of commencement of the current Policy Year, then it is agreed that We will only pay 90% of any amount We assess for payment or reimbursement in respect of any claim under the Policy made by that Insured Person and the balance will be borne by the Insured Person.'

OR

3. 20% Co-payment

The following Sections shall be added to Section 3 of the Policy as follows and shall be integrated into and construed as a part of Section 3:

'If an Insured Person is less than 65 years of age on the date of commencement of the current Policy Year, then it is agreed that We will only pay 80% of any amount We assess for payment or reimbursement in respect of any claim under the Policy made by that Insured Person and the balance will be borne by the Insured Person.'

4. Emergency Medical Evacuation and Hospitalization (For Platinum Policy Holders Only)

The following geographic region shall be covered under Section 2.16 (2): USA and Canada

Benefit Table – Heartbeat Family First - Silver Plan	
Family First – Variants	**Silver Policy**
Base Sum Insured (Rs.)	**Individual Base Sum Insured:** 1Lacs, 2Lacs, 3Lacs, 4Lacs & 5Lacs per Insured Person
	Floater Base Sum Insured – (available on a floating basis over individual cover): 3Lacs, 4Lacs, 5Lacs, 10Lacs &15Lacs.
In-patient care	
Diagnostic procedures	Covered up to Sum Insured
Medicines, drugs and consumables	
Medical Practitioner's fees	
Intravenous fluids, blood transfusion, injection administration charges	
Operation Theatre charges	
The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Operation	
Intensive Care Unit Charges	
Hospital Accommodation	Rs 3,000 or Shared Room
Pre and Post hospitalization Medical Expenses	Covered up to 15% of Base Sum Insured
Day Care Treatment	Covered up to Sum Insured
Child care benefits	
Maternity Benefits (Refer Section 2.7 (3) of the T&C)	Covered up to Rs 25,000 per Policy Year
New Born Baby cover uptill the end of current Policy Year	Covered up to Sum Insured
Further benefits	
Health Check-up	Once in two years, tests as per annexure
Organ Donor	Covered up to Sum Insured
Emergency Ambulance (1)	Covered at actual costs in Network hospitals up to Sum Insured
Domiciliary Hospitalisation	Covered up to Rs 15,000
Health Relationship Loyalty Program (2)	10% of the Last Paid Premium OR
	Additional 10% of expiring Individual Base Sum Insured upto at any time a maximum of 50% of current Individual Base Sum Insured
Optional Benefit/Feature	
Co-payment for insured less than 65 yr old	Options of 10% and 20% co-payment

(1) Emergency Ambulance - Maximum of Rs. 2,000/-per event for Non network

(2) Additional Sum Insured - Additional 10% expiring Base Sum insured and at any time upto a maximum of 50% of current Base Sum Insured

Notes: Co-payment - We will only pay as per the grid below the listed percentage of any amount We assess for payment or reimbursement in respect of any claim made by Insured Person older than 65 years of age. Once applicable the co-pay will reduce with each continuous renewal as per the grid below(Please refer to Clause 3 of Policy Wording Document).

Number of Years of continuous renewal at or later than the age of 65 years	0	1	2	3	4 or more
Percentage of any assessed claim amount payable by Us	80%	85%	90%	95%	100% (No Co-payment)

Policy Tenure - 1 year or 2 year. For 2 year policy 12.5% discount applicable on second year premium.

Silver Policy-Health Check-up Test on Policy renewal		
Age band <35 years	**Age band 36-50 years**	**Age band >50 years**
Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests
Urine Routine Analysis	Urine Routine Analysis	Urine Routine Analysis
Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test
	Serum Cholesterol and Triglycerides	Lipid Profile
	ECG	ECG

Annexure 1 List of covered vaccinations		
Time interval	**Vaccination to be done (age)**	**Frequency**
Vaccination for first year		
0 - 3 months	BCG (From birth to 2 weeks)	1
	OPV (0,6,10 weeks) OR OPV + IPV1 (6,10 weeks)	3 OR 4
	DPT (6 and 10 week)	2
	Hepatitis - B (0 and 6 week)	2
	Hib (6 and 10 week)	2
3 - 6 months	OPV (14 week) OR OPV + IPV 2	1 OR 2
	DPT (14 week)	1
	Hepatitis – B (14 week)	1
	Hib (14 week)	1
9 months	Measles (+9 months)	1
12 months	Chicken Pox (12 months)	1

*** All the above vaccinations are as per WHO recommendations**

Claim Form

(For reimbursement of expenses incurred in non-network hospitalsfor treatment taken in India)

Claim No Date D D M M Y Y Y Y

(For official use only)
Please provide the following information fully to enable us to process your claim appropriately.

For Retail Policies only

1. Policy number (In full)

2. Commencement Date D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y

3. Name of the Policyholder (In whose name policy is issued)

For Employer provided group insurance only

1. Policy number (In full)

2. Commencement Date D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y

3. Name of the Employee

4. Employee Code 5. Designation

6. Details of the Employer (for Group Insurance only)

a) Group Name / Name of Employer

b) Current Address

c) City State

For all Policy types

1. Details of the Insured Person

a) Name of patient

b) Relationship with Policyholder ☐ Employee ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Other (P S)

c) Date of birth D D M M Y Y Y Y

d) Current address

City

State Pin Code

Phone No.STD code Landline No. Mobile No.

2. Nature of illness contracted or injury suffered

3. Date on which injury as sustained/disease or illness first detected D D M M Y Y Y Y

4. Details of the attending Doctor

a. Name

b. Address of the Doctor

City

State Pin code

c. Qualification d.Phone No.

Registration Number

5. Details of the Hospital

a. Name

b. Address of Hospital

City

State Pin Code

Contact No. C. Registration No.

6. In patient bill no.

7. Date of admission D D M M Y Y Y Y **e.Date of discharge** D D M M Y Y Y Y

8. Type of Hospitalization ☐ **Planned** ☐ **Emergency**

9. Details of expenses

Room Rent limit option ☐ Shared Room ☐ 1% of Sum#
Insured
(applicable only for Silver Plan)

Expense Head	Amount (Rs.)	Amount (Rs.)
In-Patient Treatment		Out-Patient Expenses
Room Rent		Domically Treatment*
General Hospitalisation		Emergency Ambulance
Pre-Hospitalisation		Day Care
Post-Hospitalisation		Medicine Bill*
Organ Donation / transplantation		Diagnostic Tests Bill*
New Born Baby*		Other Expenses not included above
Maternity*		Sub Total (B)
Hospital Cash Benefit*		
Sub Total (A)		
Total Claimed Amount (A+B)		

***These benefits are not standard in all product plans. Please refer to your Policy Document for details.**

If you choose 1% of sum insured option, then our maximum liability for rent & related charges will be limited to % of sum insured. (for example if your sum insured is Rs. 3 lakhs, then our maximum liability will be limited to Rs. 3000)

10. Have these expenses been paid by you? ☐ Yes ☐ No

11. Number of document(s) submitted including this claim form

12. Please enclose the following documents

(i) Original bills, receipts and discharge certificate/card from the hospital/doctor.

(ii) Original bills from chemists supported by proper prescription.

(iii) Original investigation test reports and payment receipts.

(iv) Original medical practitioner / doctor's referral letter advising hospitalization.

(v) Details of any other insurance policy that may respond to the claim

(vi) Duly filled claims forms (S)

If you have taken the Deductible option in your policy and the original and the original documents have been submitted to another insurance company or to your employer for admitting the Deductible portion of your claim then please submit copies of your medical records duly verified by the other insurance company or by your employer (as applicable).

13. Are you presently covered under any other type of insurance (individual or group health insurance? ☐ **Yes** ☐ **No**

If yes please give the details as follows.

Name of Insurance Company	Policy Number	Start Date	End Date	Sum Insured

The submission/receipt of this form does not amount to admission of any liability under the claim on the part of the insurers.

I/We hereby authorize Max Bupa Health Insurance Company Limited to transfer the claim amount payable under this claim to my bank account.

Account holder's name

Bank

Account No.

Branch

City

IFSC Code MICR code

☐ Other payment option is cheque. Please tick if you want to the payment to be made via cheque. The cheque will be sent to the policy holder's address.

Please refer to the Max Bupa policy guide for details information of the benefits that you are eligible under your policy.

MICR Code. The MICR code can be found to the bottom of a cheque/cheque book. It appears after the cheque number.

IFSC Code. The IFSC code is listed on your cheque/cheque book. In case it is not listed, please request your bank for the same.

Declaration:

I hereby declare and warrant that the information given above and the information that will be given in respect of this claim is correct and complete. I further agree and understand that if any false statement or declaration is made or used in support of such a claim or if any fraudulent means or devices are used by the Insured person to obtain benefit under this Policy then this policy shall be void and all claims being processed shall be forfeited for all Insured persons and all sums paid under this policy shall be repaid to Us by all Insured persons who shall be jointly liable for such payment.

I further authorize any hospital physician Insurance Company or Organization that has any records or knowledge of me or my health to furnish such information to Max Bupa Health Insurance Company Limited (Max Bupa) and all information with respect to any illness or injury medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

I understand that if I and / or the member (s) fail to provide any information requested in this claim form, it may result in the inability of Max Bupa to accept or process this claim.

I understand that all Customer personal information personal information collected or held by Max Bupa will be used for processing the claims and analysis related to insurance / Reinsurance business.

Date : D D M M Y Y Y Y

Signature of the Claimant

To

Date ___/_____/___

Medical Superintendent

_____

_____

_____

Consent Letter

I, Mr/Ms _____ age

resident of _____ state

hereby give my willful consent to Mr/Dr _____ of

Max Bupa Health Insurance Company Limited to verify and collect necessary documents/statements including but not limited to certified copies of medical records from your esteemed hospital for the purpose of settlement of my insurance claim.

My other relevant details are provided below;

Detail of

Insured:

DOA:

DOD:

MRD/Indoor/

IP No:

Policy No:

I request you to provide all the information/documents as required by Max Bupa Health Insurance Company Ltd.

Name:

Signature/ Thumb Impression

Witness name & Signature

List of Generally Excluded Items in Hospitalization Policy

Toiletries/Cosmetics/ Personal Comfort Or Convenience Item

Not Payable

• Hair Removal Cream • Baby Charges (Unless Specified/Indicated) • Baby Food • Baby Utilites Charges • Baby Set • Baby Bottles • Brush • Cosy Towel • Hand Wash • M01stur1ser Paste Brush • Powder • Shoe Cover • Beauty Services • Buds • Barber Charges • Caps • Cold Pack/Hot Pack • Carry Bags • Cradle Charges • Comb • Eau-De-Cologne / Room Freshners • Eye Pad • Eye Sheild • Email / Internet Charges • Food Charges (Other Than Patient's Diet Provided By • Hospital) • Foot Cover • Gown • Laundry Charges • Mineral Water • Oil Charges • Sanitary Pad • Slippers • Telephone Charges • Tissue Paper • Tooth Paste • Tooth Brush • Guest Services • Bed Pan • Bed Under Pad Charges • Camera Cover • Cliniplast • Curapore • Diaper Of Any Type • Eyelet Collar • Face Mask • Flexi Mask • Gause Soft • Gauze • Hand Holder • Hansaplast/Adhesive Bandages • Infant Food • DVD, CD Charges (Not Payable (However if CD is specifically sought by Insurer/TPA then payable) • Crepe Bandage (Not Payable/ Payable by the patient)

Payable

• Razor • Disposables Razors Charges (for site preparations) • Leggings (Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.) • Belts/ Braces (Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.) • Slings (Reasonable costs for one sling in case of upper arm fractures should be considered)

Items Specifically Excluded In The Policies

Exclusion in policy unless otherwise specified

• Weight Control Programs/ Supplies/ Services • Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc. • Dental Treatment Expenses That Do Not Require Hospitalization • Hormone Replacement Therapy • Home Visit Charges • Infertility/ Sub fertility/ Assisted Conception Procedure • Obesity (Including Morbid Obesity) Treatment If Excluded In Policy • Psychiatric & Psychosomatic Disorders • Corrective Surgery for refractive Error • Treatment Of Sexually Transmitted Diseases • Donor Screening Charges • Admission/Registration Charges • Hospitalization For Evaluation/ Diagnostic Purpose • Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed • Any expenses when the patient is diagnosed with retro virus + or suffering from /hiv/ aids etc is detected/ directly or indirectly (Not payable as per HIV/AIDS exclusion) • Stem Cell Implantation/ Surgery and storage (Not Payable except Bone Marrow Transplantation where covered by policy)

Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is

Payable under OT Charges, not payable separately

• Ward And Theatre Booking Charges • Microscope Cover • Surgical Blades, Harmonic Scalpe, Shaver • Surgical Drill • Eye Kit • Eye Drape • Boyles Apparatus Charges • Arthroscopy & Endoscopy Instruments (Rental charged by the hospital payable. Purchase of Instruments not payable.) • X-RAY Film (Payable under Radiology Charge s, not as consumable) • Sputum Cup (Payable under Investigation Charges, not as consumable) • Blood Grouping And Cross Matching Of Donors Samples (Part of Cost of Blood, not payable) • Antiseptic or disinfectant lotions (Not Payable -Part of Dressing Charges) • Band Aids, Bandages, Sterlile Injections, Needles,Syringes (Not Payable -Part of Dressing Charges) • Cotton (Not Payable -Part of Dressing Charges) • Cotton Bandage (Not Payable -Part of Dressing Charges) • Micropore/ Surgical Tape (Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges) • Blade (Not Payable) • Apron (Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges) • Torniquet (Not Payable (service is charged by hospitals, consumables cannot be separately charged)) • Orthobundle, Gynaec Bundle (Part of Dressing Charges) • Urine Container (Not Payable)

ELEMENTS OF ROOM CHARGE

Not Payable

• Admission kit • Birth certificate • Blood reservation charges and ante natal booking charges • Certificate charges • Courier charges • Convenyance charges • Diabetic chart charges • Documentation charges / Administrative expenses • Discharge procedure charges • Daily chart charges • Entrance pass / visitors pass charges • file opening charges • incidental expenses / misc. charges (not explained) • medical certificate • maintenance charges • medical records • Preparation Charges • Photocopies Charges • Patient Identification Band / Name Tag • Washing Charges • Medicine Box • Medico Legal Case Charges (Mlc Charges) • Im Iv Injection Charges (Part Of Nursing Charges, Not Payable) • Mortuary Charges (Payable Up To 24 Hrs, Shifting Charges Not Payable) • Blanket/Warmer Blanket Administrative Or Non-Medical Charges (Not Payable- Part Of Room Charges) • Attendant Charges (Not Payable - P Art Of Room Charges) • Clean Sheet (Part Of Laundry/Housekeeping Not Payable Separately)

Items Payable If Supported By A Prescription

Payable when prescribed

• Creams Powders Lotions (Toiletries' are not payable, only prescribed medical pharmaceuticals payable) • Digestion Gels • Listerine/ Antiseptic Mouthwash • Lozenges • Mouth Paint • Novarapid • Volini Gel/ Analgesic Gel • Zytee Gel • Betadine \ Hydrogen Peroxide\Spirit\Disinfectants Etc (May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital) • Private Nurses Charges- Special Nursing Charges (Post hospitalization nursing charges not Payable) • Nutrition Planning Charges - Dietician Chargesdiet Charges (Patient Diet provided by hospital is payable) • Sugar Free Tablets (Payable -Sugar free variants of admissible medicines are not excluded) • ECG Electrodes (Up to 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.) • Gloves Sterilized Gloves (payable /unsterilized gloves not payable) • HIV KIT (Payable - payable Preoperative screening) • Nebulisation Kit (If used during hospitalization is payable reasonably) • Vaccination Charges (Routine Vaccination not Payable / Post Bite Vaccination Payable)

Part Of Hospital's Own Costs And Not Payable

Not Payable - Part of Hospital's internal Cost

• AHD • Alcohol Swabes • Scrub Solution/Sterillium

OTHERS

Not Payable

• Aesthetic Treatment / Surgery • TPA Charges • Visco Belt Charges • Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc] • Examination Gloves • Kidney Tray • Mask • Ounce Glass • Oxygen Mask • Paper Gloves • Referal Doctor's Fees • Pan Can • Sofnet • Trolly Cover • Urometer, Urine Jug • Softovac • Vaccine Charges For Baby (Payable as per Plan) • Outstation Consultant's/ Surgeon's Fees (Not payable, except for telemedicine consultations w here covered by policy) • Pelvic Traction Belt (Should be payable in case of PIVI) requiring traction as this is generally not reused) • Accu Check (Glucometery / Strips) (Not payable prehospitilasation o r post hospitalization / Reports and Charts required / Device not payable) • Tegaderm / Vasofix Safety (Payable - maximum o f 3 in 48 hrs an d then 1 in 24 hrs) • Urine Bag P (Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs) • Stockings (Essential for case like CABG etc. where it should be paid.) • Ambulance (Payable as per Plan)